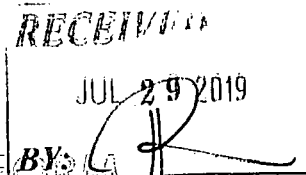


ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD

1740 W. ADAMS ST., SUITE 4600, PHOENIX, ARIZONA 85007

PHONE (602) 364-1PET (1738) FAX (602) 364-1039

VETBOARD.AZ.GOV



COMPLAINT INVESTIGATION FORM

If there is an issue with more than one veterinarian please file a separate Complaint Investigation Form for each veterinarian

PLEASE PRINT OR TYPE

FOR OFFICE USE ONLY

Date Received: JULY 29, 2019

Case Number: 20-05

A. THIS COMPLAINT IS FILED AGAINST THE FOLLOWING:

Name of Veterinarian/CVT: Amalie DiMiceli

Premise Name: Pet Rays

Premise Address: N/A

City: _____ State: _____ Zip Code: _____

Telephone: 888.473.8729

B. INFORMATION REGARDING THE INDIVIDUAL FILING COMPLAINT*:

Name: DANIELLE ESCOBEDO

Address: [REDACTED]

City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]

Home Telephone: _____ Cell Telephone: [REDACTED]

*STATE LAW REQUIRES WE HAVE TO DISCLOSE YOUR NAME UNLESS WE CAN SHOW THAT DISCLOSURE WILL RESULT IN SUBSTANTIAL HARM TO YOU, SOMEONE ELSE OR THE PUBLIC PER A.R.S. § 41-1010. IF YOU HAVE REASON TO BELIEVE THAT SUBSTANTIAL HARM WILL RESULT IN DISCLOSURE OF YOUR NAME PLEASE PROVIDE COPIES OF RESTRAINING ORDERS OR OTHER DOCUMENTATION.

C. PATIENT INFORMATION (1):

Name: OLIVE
Breed/Species: MIXED - Queensland Heeler / unknown
Age: 3 yrs Sex: Female Color: GREY

PATIENT INFORMATION (2):

Name: _____
Breed/Species: _____
Age: _____ Sex: _____ Color: _____

D. VETERINARIANS WHO HAVE PROVIDED CARE TO THIS PET FOR THIS ISSUE:

Please provide the name, address and phone number for each veterinarian.

- Nicole Keaner - 1st Pet - 1233 West Warner Rd. (480) 732-0018
Chandler, 85224
- Daniel Mullins - 1st Pet
- Rachel Mead - 1025 E. Ray Rd. #5 - (480) 899-7738
Chandler, AZ 85225 - Oasis Animal Hospital

* 1st Pet sent radiographs
for a recheck with Justin Goggins at Eagle Eye Radiology

E. WITNESS INFORMATION:

Please provide the name, address and phone number of each witness that has direct knowledge regarding this case.

- MONICA FLORES _____

Attestation of Person Requesting Investigation

By signing this form, I declare that the information contained herein is true and accurate to the best of my knowledge. Further, I authorize the release of any and all medical records or information necessary to complete the investigation of this case.

Signature: Dr. Mike Ed

Date: 7/17/2019

To Whom It May Concern:

I am writing to you because of a situation that occurred, involving the radiology services provided by PetRays Radiology to First Pet Animal Hospital for my dog Olive, in the early morning hours of April 9, 2019.

I brought in Olive for symptoms, which we believed to be the result of her having swallowed something she should not have. After an initial exam, the vet recommended x-rays to determine a course of action for treating her. The x-ray order was submitted to PetRays, and the radiographs subsequently assessed by Amalie DiMiceli. After reviewing 5 x-rays, her conclusion was that "The appearance of the gastrointestinal tract is consistent with a linear mechanical obstruction secondary to foreign body extending from the pylorus into the small intestines. Exploratory laparotomy is recommended."

The vet returned to the room to tell me and my mother that the x-ray confirmed Olive had a foreign object in her intestines and it would need to be surgically removed. My mother asked if it was possible that, if we did nothing, Olive would pass the object. We were told no, that it was "tangled up in her intestines" and she would not be able to pass it through a bowel movement. We were told that surgery would be the only way to remove it and we were also given the worst case scenario – the possibility of euthanasia should they find that Olive's intestines had been perforated. We agreed to the surgery and said our goodbyes. A few hours later, when the surgeon called and spoke to my mom to tell us that Olive had come out of the surgery fine and was doing well, she also mentioned that there was "nothing" in Olive's stomach or intestines, though she did have an object in her colon that she would be passing soon with a bowel movement. The surgeon replied that she was sorry; she did not understand what foreign object or material the radiologist had seen in the intestines and that she did not understand how the radiologist had just completely "misread" the x-rays. She further explained that, during surgery, she had checked Olive's stomach, intestines, spleen, and liver and found them to be clear and healthy, though she did have some inflammation in her intestines that was likely caused by the foreign object she had swallowed (which we subsequently discovered was a small rubber ball that she passed on 4/11). The surgeon further stated that she was going to notify management about this as she wanted her concerns shared with PetRays.

While, as of the date of this letter, Olive has had several bowel movements since surgery, she has expelled no foreign object or material other than the rubber ball that was in her colon. Additionally, x-rays taken post surgery showed no evidence of any other foreign objects or material. The second reviewing radiologist noted that, "Radiopaque foreign body such as rubber or plastic material within the distal descending colon, previously visualized on the prior radiographic study, most likely within the transverse colon at that time". It is, therefore, safe to assume that Olive had nothing in her stomach or intestines necessitating surgery, as recommended by Dr. DiMiceli.

While we were very thankful that Olive was going to be fine, this whole situation was extremely upsetting...especially knowing that Olive suffered needlessly, and continued to suffer from pain post surgery. She had an approximately 9 inch incision in her abdomen, which continues to heal as the result of infections she sustains due to her body's rejection of the sutures, while they are dissolving. 2 months following her surgery, Olive's vet, Dr. Rachael Mead, had to prescribe antibiotics and pain medication for Olive as her body began pushing out the sutures, creating open wounds in her skin. Dr. Mead informed us that if her body was not able to successfully push the stitches out, they might need to be removed surgically. This would mean additional sutures, thus presenting the possibility that this would be a continuing issue of potential infections. Olive's body is still in the process of pushing out the stitches, resulting in additional veterinary visits, additional cost, and additional discomfort and/or pain to Olive. This entire ordeal has been traumatizing for her, as well as for us. She has also been unable to participate in some of her favorite activities as a result of possible complications to her condition as she heals (such as swimming).

To date, the medical costs directly resulting from her surgery is \$3046 (and could very likely increase as time goes on). I am specifically requesting reimbursement for all medical costs related to this incident, thus far.

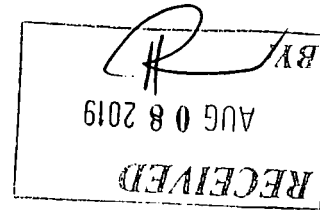
Thank you for your time,



-DVDs of Olive's original x-rays
are available upon request

August 9, 2019

Arizona State Veterinary Medical Examining Board
1740 West Adams Street, Suite 4600
Phoenix, Arizona 85007



In re: Amalie DiMiceli (20-05)

To Whom It May Concern:

I have been a practicing veterinarian for 9 years and am a board-certified specialist in veterinary radiology. I am employed by a telemedicine company (Petrays) and interpret imaging studies submitted by on site primary veterinarians.

Early in the morning of April 8th 2019, Dr. Mullins of First Regional Animal Hospital submitted a radiographic case for interpretation on Olive Flores. Olive was reportedly vomiting over the last 3 days, tense on palpation and had a history of eating stuffed animals. I provided a radiographic interpretation on Olive's abdominal and thoracic views, submitted on our internet-based platform. I judged the thorax to be normal but was concerned about foreign material in the stomach which was highlighted by gas on the left lateral view and persistently in the pylorus. There also appeared to be variable distension of some small intestinal segments with some fragmented gas (best seen on the right lateral view) and bunching, which I judged to be concerning for subtle plication. I concluded that these findings were consistent with a linear foreign body obstruction and made the recommendation of exploratory surgery given the patient's history. I also described a dense soft tissue to mineral opacity structure in a segment of intestine in the cranial abdomen. It is my understanding that the patient went on to have a negative exploratory surgery besides some inflammation of the intestine, but later passed a rubber ball foreign body in the feces. I am unsure of the timeline of when the radiographs were obtained and surgery was performed. Attached is my radiographic report for the 5 radiographs I was provided. That was the limit of my involvement with Olive's case. I never spoke to the clinician on the case, the veterinarian that performed the surgery or the owner.

Please let me know if I can provide any additional information. Thank you.

Amalie DiMiceli, DVM, Diplomate of the American College of Veterinary Radiology (DACVR)



ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD

1740 W. ADAMS STREET, STE. 4600, PHOENIX, ARIZONA 85007

PHONE (602) 364-1-PET (1738) • FAX (602) 364-1039

VETBOARD.AZ.GOV

INVESTIGATIVE COMMITTEE REPORT

TO: Arizona State Veterinary Medical Examining Board

FROM: AM Investigative Committee: Robert Kritsberg, DVM - Chair
Christina Tran, DVM
Carolyn Ratajack
Jarrod Butler, DVM
Steve Seiler - **Absent**

STAFF PRESENT: Tracy A. Riendeau, CVT – Investigations
Dawn Halbrook – Compliance Specialist
Mary Williams – Assistant Attorney General

RE: Case: 20-05
Complainant(s): Danielle Escobedo
Respondent(s): Amalie DiMiceli, D.V.M. (License: 6054)

SUMMARY:

Complaint Received at Board Office: 7/29/19
Committee Discussion: 10/1/19
Board IIR: 11/20/19

APPLICABLE STATUTES AND RULES:

Laws as Amended August 2018
(Lime Green); Rules as Revised September
2013 (Yellow).

On April 8, 2019, "Olive," a 3-year-old female Queensland Heeler mix was presented to 1st Pet Veterinary Centers on emergency due to vomiting brown fluid for 3 days. The dog had a history of eating stuffed animals and would usually vomit them up.

The dog was examined; radiographs were performed and sent to a radiologist for review. Respondent reviewed the radiographs – her interpretation was the appearance of the gastrointestinal tract was consistent with a linear mechanical obstruction secondary to a foreign body, extending from the pylorus into the small intestines. Exploratory surgery was recommended.

Exploratory surgery was performed and was negative for a foreign body. Post-op radiographs were performed and were also sent to a radiologist for review. The radiographs revealed a radiopaque foreign body within the distal descending colon, previously visualized on the prior radiographic study, most likely within the transverse colon at that time.

Complainant was noticed and appeared. Witness, Monica Flores, appeared.
Respondent was noticed and appeared with Counsel, David Stoll.

The Committee reviewed medical records, testimony, and other documentation as described below:

- Complainant(s) narrative: *Danielle Escobedo*
- Respondent(s) narrative/medical record: *Amalie DiMiceli, DVM*
- Consulting veterinarian(s) narrative/medical record: *1st Pet Veterinary Centers; and Oasis Animal Hospital.*
- Witness(es) statement: *Monica Flores*

PROPOSED 'FINDINGS of FACT':

1. On April 8, 2019, the dog was presented to Dr. Mullins at 1st Pet Veterinary Centers due to vomiting bile/brown fluid for the past 3 days and was restless. The dog had been eating and drinking and was currently on S/O diet and glucosamine. At the time of presentation, the dog had stopped eating. The dog had a history of eating stuffed animals and vomiting them up. The dog was examined and her abdomen palpated tense; mucous membranes were pale pink and tacky, she was less than 5% dehydrated and nervous. Radiographs were performed and sent to a radiologist for STAT review.

2. With respect to the three abdominal radiographs performed, Respondent reported her interpretation at 1:58am CST:

The stomach was mildly distended with heterogenous soft tissue material. There was soft tissue material persistently within the pylorus on the left lateral view. There were several mildly to moderately distended segments of small intestine, which appear plicated (best seen on the right lateral view) and contain gas with a lesser amount of fluid and soft tissue material. There were also non-distended segments of small intestine. One of the distended segments of intestine in the cranial abdomen contained some dense soft tissue to mineral opaque material. The cecum appeared gas distended. The descending colon contained some heterogenous fecal material. Abdominal serosal detail was adequate. The liver, spleen and urinary bladder were normal. The left kidney was normal. The right kidney was obscured due to gastrointestinal overlie.

CONCLUSIONS: The appearance of the gastrointestinal tract was consistent with a linear mechanical obstruction secondary to foreign body extending from the pylorus into the small intestines. Exploratory laparotomy was recommended.

3. After receiving the radiology report, Dr. Mullins created a treatment plan that included an abdominal exploratory surgery and hospitalization. He reviewed the radiographs with Complainant, along with the radiologist's report, and presented the treatment plan. Dr. Mullins stated that he also advised Complainant of the risks of anesthesia and based on the findings there was a possibility of a gastrotomy and/or enterotomy, resection and anastomosis, or a negative exploratory.

4. Complainant's witness, Monica Flores, stated that Dr. Mullins could not say what the obstruction was but the radiologist confirmed there was a linear foreign object present in the dog's intestines, possibly fabric such as a scarf or long piece of material. They asked if they could wait to see if the dog passed the object and was advised that if they waited, the intestines could bunch up and possibly perforate. This would be worse for the dog and they may not be able to save her if this occurred.

5. Complainant approved the treatment plan and the dog's care was transferred to Dr. Underhill

who would perform the surgery. Dr. Underhill met with Complainant and let them know what the procedure entailed based on the radiology report and answered questions they had. Complainant left the dog for surgery.

6. Pre-surgical blood work was unremarkable. Dr. Underhill performed surgery and no foreign body was identified. Post-surgical radiographs were taken and submitted to a radiologist. Dr. Underhill contacted Complainant to discuss her findings and the possible other causes of vomiting. Complainant expressed her concerns with the radiology report.

7. The pre-surgical radiographs were submitted to another radiologist for review and his interpretation was reported at 5:03am:

CONCLUSION: Radiopaque foreign body visible within the transverse colon, most likely rubber or plastic material. There was a possibility that the radiopaque structure was within the small bowel segment but was less likely based on lack of marked bowel distension. Concurrent soft tissue opaque material within the stomach may be food or less likely foreign material.

If the patient had not had access to food recently, the probability that the material in the stomach was foreign material would be significantly greater and in that case, induction of vomiting to clear the stomach of the potential foreign material should be considered. If the owners had continued to allow the patient to eat up until presenting to the office, then food within the stomach would be more likely and repeating radiographs after a hospitalized fast for 6 – 8 hours would be suggested to confirm that the material within the stomach was digested and empties...

8. Post-surgical radiographs were reviewed and the interpretation was:

Radiopaque foreign body such as rubber or plastic material within the distal descending colon, previously visualized on the prior radiographic study, most likely within the transverse colon at that time. Empty stomach consistent with vomiting or digestion of the soft tissue material previously identified within the stomach on the radiographs acquired 7 hours earlier.

9. The dog remained hospitalized for IV fluids and treatment and was discharged the next morning.

10. On April 11, 2019, according to Complainant, the dog passed a small rubber ball.

11. On April 22, 2019, the dog presented to Dr. Mead at Oasis Animal Hospital for an exam. The dog's abdominal incision was doing well.

12. On June 8, 2019, the dog was presented to Dr. Mead to check the surgical incision. She suspected a suture reaction and prescribed antibiotics and an NSAID. Dr. Mead also advised the dog avoid swimming and wear an Elizabethan collar.

COMMITTEE DISCUSSION:

The Committee reviewed the radiographs and could see the areas of concern especially based on the dog's history and presentation of not eating and vomiting for three days. They commented that radiographs are up for interpretation, unlike blood work where there is a solid number. There were two other veterinarians that read the radiographs, who had access to the

dog to palpate the abdomen, and recommended the same course of action.

The Committee understood Complainant's concerns – they spent a lot of money. However if surgery was not performed and there was a foreign body obstruction, it could have been more detrimental to the dog. There were areas on the radiographs that could have indicated a foreign body – letting a possible linear foreign body linger for another day could have been problematic, especially if the bowel perforated.

The Committee discussed that at times surgery needs to be performed to get a definitive diagnosis. Communication between the doctors and Complainant discussing possible options could have been better, however when a specialist makes a judgment, it is relied upon heavier than if it were your own. In this case, the dog's history of eating stuffed animals was also a factor in making the decision to perform surgery.

COMMITTEE'S PROPOSED CONCLUSIONS of LAW:

The Committee concluded that no violations of the *Veterinary Practice Act* occurred.

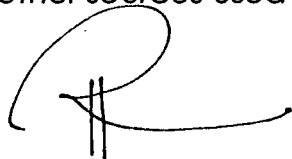
COMMITTEE'S RECOMMENDED DISPOSITION:

Motion: It was moved and seconded the Board:

Dismiss this issue with no violation.

Vote: The motion was approved with a vote of 4 to 0.

The information contained in this report was obtained from the case file, which includes the complaint, the respondent's response, any consulting veterinarian or witness input, and any other sources used to gather information for the investigation.



Tracy A. Riendeau, CVT
Investigative Division